

QUESTIONNAIRE FOR LMSB INSTRUCTOR, COACH, OJI SUPPORT

Name		SSN	
Contact Information			
Address			
Day Phone		Evening Phone	
E-mail			
Retirement Information			
Date of Retirement		Date of Birth*	
Retirement Claim Number*			
IRS Employment History			
Last two ratings of record		and	
Years of experience as an Internal Revenue Agent			
Highest series, grade, and step held: GS , grade , step			
Area of Interest (Check all that apply)			
Instructor <input type="checkbox"/>		Coach <input type="checkbox"/>	
		OJI <input type="checkbox"/>	
Availability			
First date available to work			
Length of availability (e.g., one week, six months, etc.)			
Work schedule: Full-time <input type="checkbox"/>		Part-time <input type="checkbox"/>	
Dates unavailable			
Travel availability (e.g., extended, short-term, none, etc.)			
Annuity* (Please check one)			
I am <input type="checkbox"/> I am NOT <input type="checkbox"/> willing to accept the identified position(s) without a waiver of annuity offset.			
Signature		Date	
_____		_____	
*Required by OPM			

**Mail to: IRS, LMSB-HR Planning
 300 South Riverside Plaza
 Suite 700 N, Stop 1650 CHI
 Chicago, IL 60606**